

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35708

Registrar's No. 2272

Registration District No. 10 1943 17

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Martha K. Hamilton

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Hamilton 6. (c) Age of husband or wife If
alive _____ years
7. Birth date of deceased Feb 26 - 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 11 If less than one day
hr. _____ min. _____

9. Birthplace Union Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James C. Kistaddon
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Ann
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hamilton
(b) Address 230 W. Washington Kirkwood

17. (a) Burial (b) Date thereof 10-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Louis H. Bopp Inc

(b) Address Kirkwood

19. (a) OCT 11 1943 (b) C. D. McFarren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 230 W. Washington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 8
_____, 1943, to Oct 7, 1943,
that I last saw him alive on Sept 6, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Gloma of Brain
glioma
Duration 2 mos.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Tumor of brain
terminal bronchopneumonia
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Leopold Alfred (M. D. or other) _____
Address University Club Bldg Date signed 10/8/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.